

Quality Data Model (QDM) User Group Meeting | AGENDA

Meeting date | 3/16/2016 2:30 PM EDT | Meeting location | Webinar link: <https://esacinc2.webex.com/esacinc2/j.php?MTID=m44a035b19cbc63ce3310c583e0354de8>

Attendees:

	Name	Organization
	Alex Lui	Epic
	Ashley McCrea	ESAC
X	Anna Bentler	The Joint Commission
X	Anne Coultas	McKesson
	Balu Balasubramanyam	MITRE
X	Chris Markle	ESAC
	Chris Moesel	Mitre
X	Cindy Lamb	Telligen
	Cynthia Barton	Lantana
	Flor Cheatham	
X	Floyd Eisenberg	ESAC
X	Howard Bregman	Epic
	Jae Kim	ESAC
	Jamie Jouza	PCPI
	Jean Fajen	Telligen
	Joe Kunisch	Memorial Hermann
X	Juliet Rubini	Mathematica
	Justin Schirle	Epic
X	Kathy Lesh	Battelle
	Kendra Hanley	AMA
X	Khadija Mohamed	ESAC

	Name	Organization
X	Margaret Dobson	Zepf Center
X	Marilyn Parenzan	The Joint Commission
	Michelle Dardis	The Joint Commission
	Michelle Hinterberg	MediSolv
	Nadia Ramey	ESAC
	Patty McKay	FMOAI
X	Rose Almonte	
	Rute Martins	The Joint Commission
X	Stan Rankins	Telligen
	Syed Zeeshan	eDaptive Systems
X	Tammy Kuschel	McKesson
	Toni Wing	
	Yan Heras	ESAC
	Yanyan Hu	TJC
	Tammy Kuschel	McKesson
	Dalana Ostile	
	Julia Skapik	ONC
	Dave Wade	
	Ruth Gatiba	
	Rukma Joshi	ESAC
	Zahid Butt	

	Name	Organization
	<i>Kimberly Smuk</i>	<i>PCPI</i>
X	<i>Laura Pearlman</i>	
	<i>Leela</i>	
X	<i>Lisa Anderson</i>	<i>The Joint Commission</i>
X	<i>Daisey</i>	
X	<i>Jennifer Bonner</i>	
X	<i>Kelly Cook</i>	
X	<i>Paula</i>	
X	<i>Shon Vick</i>	<i>ESAC</i>
X	<i>Wendy Wise</i>	

	Name	Organization
	<i>Rebecca Swain-Eng</i>	
X	<i>Amanda Hashman</i>	
X	<i>Angela Flanagan</i>	
X	<i>Anne Smith</i>	
X	<i>Debbie Hall</i>	
X	<i>Julie Koscuiszka</i>	
	<i>Lynn Perrine</i>	
	<i>Ryan Clark</i>	
	<i>Susan Wisnieski</i>	
X	<i>Vaspaan Patel</i>	

Time	Im	Presenter	Discussion/Options/Decisions
10 Minutes	Announcements	Floyd Eisenberg - ESAC	The QDM UG charter posted on the Resource Center Site: https://ecqi.healthit.gov/qdm/qdm-files
60 Minutes	CQM Issue Tracker- CQM-1855	Lisa Anderson- The Joint Commission	<p>CQM Issue Tracker: CQM 1855</p> <p>Currently, there no clear way to capture clinical observations that represent times. Many of the QDM datatypes allow capture of the date and time a specific action occurred (e.g., that a physical examination was performed). However, if the specific element is the time the patient was last known to be well (baseline state ends before the encounter), the current QDM statement would only return the time of the exam, not the time the baseline status ended. Currently diagnoses and symptoms allow onset time and abatement time which could work for the desired information, but neither is captured routinely in EHRs. Issue CQM-1855 (eCQM CMS 91v5, NQF 437) suggests that the physical exam, performed (start and end times) is the only way to capture that data at the current time in QDM and that the EHR cannot accurately report the desired time.</p>

Time	Im	Presenter	Discussion/Options/Decisions
60 Minutes (con't)	CQM Issue Tracker- CQM-1855 (con't)	Lisa Anderson- The Joint Commission (con't)	<p>Lisa Anderson shows some examples of the issue:</p> <ul style="list-style-type: none"> • STK-4- 'Physical Exam, Performed: Baseline state <=120 minute(s)' ends before the start of occurrence A of Encounter Performed: Emergency Department visit. "Physical Exam, Performed: Time of Symptom Onset" <=120 minute(s) starts before start of "Occurrence A of Encounter, Performed: Emergency Department Visit" • PC-01 <1day(s) starts before the start of ("Physical Exam, Performed: Time of Delivery" starts during Occurrence A of \$EncounterInpatient) <p>Lisa Anderson suggested some long term solutions:</p> <ul style="list-style-type: none"> • Refer to date/times of assessment in the logic • Without relying on when it was actually performed or documented • Must be able to use the result of date/time as the reference point for timing in the logic <p>Lisa Anderson suggested some interim solutions:</p> <ul style="list-style-type: none"> • Provide Guidance- provide whenever a data element is using Physical Exam, Performed in which the expected result is a specific Date/time • Risk Category Assessment datatype- could change to just 'assessment' and ignore the 'risk' part, however no onset/abatement time would be included • Symptom datatype- does not really make sense for baseline state or time of delivery but it could work for time of symptom onset <p>Discussion:</p> <p>Anne Cousltas (McKesson) stated that vendors need an unambiguous way to capture the data. Currently, they can identify the start and stop time of the "Physical Exam, Performed" but not the "baseline state" data element using a SNOMED code.</p> <p>The group came to a consensus that the current way of capturing information is that participant time (author time) should be when actions are documented. Effective time is when the act happened. The challenge with this example is that the assessment occurs during the visit and it is generally documented during the visit. So the participant (author) time and the effective time (when the assessment occurred) are different than the desired time. The intent is the answer to a question posed to the patient or caregiver --- what time did the baseline state end (or, when was the last time you observed the patient to be well), and what was the time of symptom onset. The intended information requires a <i>result</i> of a question to be a datetime. The QDM and MAT does not currently include a datetime as a result.</p>

Time	Im	Presenter	Discussion/Options/Decisions
60 Minutes (con't)	CQM Issue Tracker- CQM-1855 (con't)	Lisa Anderson- The Joint Commission (con't)	<p>Floyd Eisenberg shows a related QDM JIRA issue: QDM-122</p> <p>The QDM-22 question specifically asked about the datatype, Risk Category Assessment: In the QRDA, the sub components are described as “a collection of observations that together yield a summary evaluation of a particular condition.” The overall assessment has a single value, but the sub-components describe the individual observations that led to the final assessment value. While these sub components can be reported in the QRDA they are not exposed to measure authors (since QDM doesn’t have a way to reference them). The QDM allows authors to reference the type of the overall assessment (e.g Morse Fall Risk Scale) and its value/ score (that final value was calculated from all of the subcomponent values).</p> <p>The Risk Category Assessment was originally intended to handle evaluation tools that provided an assessment of the patient’s risk for developing a specific outcome. However, extending the datatype to cover any assessment may help to resolve the current CQM 1855 issue. The measure would need to address a single item within an assessment, or the assessment as a whole entity. And the measure would need to address the result of the single item. Using an Assessment datatype could also resolve issues that do not have a specific “home” in QDM (e.g., Assessment of a pregnancy female patient at the time of delivery: birth time, gestational age at delivery, intent to breastfeed; also the ability to express other assessments such as tobacco use, etc.)</p> <p>QDM Definitions to Help Evaluate the QDM 1855 Issue:</p> <ul style="list-style-type: none"> • <u>Physical Exam</u> represents the evaluation of the patient’s body to determine its state of health. The techniques of inspection include palpation, percussion, auscultation, visual inspection, and smell. Measurements may include vital signs as well as other clinical measures. Physical exam also includes psychiatric examinations. • <u>Symptom</u> represents an indication that a person has a condition or disease. Symptoms are subjective manifestations of the disease perceived by the patient • <u>Risk Category/Assessments</u> include tools and calculators that suggest vulnerabilities for any given patient. Risk categorization uses findings, observations, results, and sometimes judgments and patient-generated information for use within clinical care algorithms, clinical decision support, and severity analysis.

Time	Im	Presenter	Discussion/Options/Decisions
60 Minutes (con't)	CQM Issue Tracker- CQM-1855 (con't)	Lisa Anderson- The Joint Commission (con't)	<p>Final Suggested Recommendation: Modify Risk Category Assessment name to “Assessment” and update definition to cover any assessment, not only established evaluation tools with calculators. The definition should include a result of a complete tool, or a result of an individual question (observable entity). The Assessments should be represented by LOINC codes as observable entities.</p> <p>The solution requires the addition of “datetime” as a type of result. Results currently only allow three types of responses – (a) is present (returns whatever is included in the field in the EHR), (b) a value from a value set, (c) is a number (equal to, greater or lesser than, etc.).</p> <p>Stan Rankins investigated C-CDA during the call and confirmed that there is a path for estimated date of conception the would work for estimated date but the other formats (ex. HQMF) would need to change to conform to the same setup. Examples:</p> <ul style="list-style-type: none"> • “Assessment: baseline state (result: datetime)” • “Assessment: delivery (result:datetime)” • “Assessment: new onset stroke symptoms (result:datetime)” <p>Moving forward, Floyd will propose a change to the definition of Risk Category Assessment to “Assessment” and will work with Stan and the MAT team to determine the impact of the change and how to add “datetime” as a result response. The changes to existing standards (QDM-based HQMF, QRDA Category I), and the MAT should be minimal since all use a standard “observation” template for “Risk Category Assessment” so the major change is in the name and description and adding a datetime result option.</p> <p>Rob McClure confirmed the requirement that LIONC codes are used instead of SNOMED codes as assessments are observable entities that should be coded in LOINC.</p>
5 Minutes	Next Meeting	Floyd Eisenberg – ESAC	<p>Agenda items for next QDM user group meeting</p> <ul style="list-style-type: none"> – Contact us at qdm@esacinc.com – Or start a discussion: qdm-user-group-list@esacinc.com <p>Next user group meeting</p> <ul style="list-style-type: none"> – April 20, 2016 2:30pm – 4:30pm EST

Action item	Assignee
None	NA